



EMPLOYEES' PROVIDENT FUND ORGANISATION ,INDIA  
APPLICATION FOR OBTAINING CERTIFICATE OF COVERAGE

(To BE FILLED IN BLOCK LETTERS ONLY )

REFERENCE No 31014031900006200908

DETAILS OF THE EMPLOYEE:

NAME **AMIT KUMAR PANDEY**

DATE OF BIRTH **12/04/1991**

GENDER **MALE**

NATIONALITY **INDIAN**

UAN **100080528089**

AADHAAR NUMBER **0**

PERMANENT ADDRESS

**VILLAGE- GYAN CHHAPARA, POST- ANDILA DEORIA DEORIA  
UTTAR PRADESH 274604**

EMAIL ID /CONTACT PHONE NUMBER

**pandey.amit4@tcs.com  
7715098753**

PASSPORT DETAILS:(Copy of passport to be enclosed)

PASSPORT NUMBER **L7504476**

DATE OF ISSUE: **05/03/2014**

PLACE OF ISSUE **LUCKNOW**

VALID UPTO: **04/03/2024**

FAMILY MEMBERS ACCOMPANYING THE EMPLOYEE : NO

DETAILS OF THE PRESENT EMPLOYER IN INDIA:

ESTABLISHMENT NAME: **TATA CONSULTANCY SERVICES LIMITED**

ESTABLISHMENT PF CODE NO: **MHBAN0048475000**

ESTABLISHMENT ADDRESS:

**11TH FLOOR, AIR INDIA BUILDING, NARIMAN POINT,  
MUMBAI CITY, MUMBAI, MAHARASHTRA, 400021**

EMAIL ID /CONTACT PHONE NUMBER:

**corporate.socialsecurity@tcs.com**

BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):

**INDUSTRY**

COUNTRY (HAVING SOCIAL SECURITY AGREEMENT WITH INDIA) WHERE  
EMPLOYEE IS GOING TO WORK

**BELGIUM**

WORK PERMIT DETAILS

FROM(DD/MM/YYYY): **20/06/2019**

TO(DD/MM/YYYY) : **19/06/2021**

DETAILS OF THE EMPLOYER & PLACE OF WORK IN COUNTRY (HAVING SOCIAL SECURITY AGREEMENT  
WITH INDIA) WHERE GOING TO WORK :

NAME(S) AND ADDRESS OF FIRM/ESTABLISHMENT/SHIP:

**NATIONALE MAATSCHAPPIJ DER BELGISCHE SPOORWEGEN  
(NMBS)  
LENNEKE MARELAAN , ST-STEVENS-WOLUWE, POSTAL**

EMAIL ID /CONTACT PHONE NUMBER:

**corporate.socialsecurity@tcs.com  
2263716307**

BUSINESS ACTIVITY(INDUSTRY/TRADE SERVICE):

**INDUSTRY**

Joint undertaking by the employer and employee:

We hereby undertake that :

The employer shall continue to contribute in respect of this employee in India during the period of posting abroad during which time the employer-employee relationship shall be maintained. The employer shall inform EPFO about any change in the employment status/secondment of the posted employee during the currency of this certificate. The Employee shall inform EPFO, about any loss/theft of this Certificate. The Employee and Employer shall be jointly and separately responsible for the misuse of any kind, of the Certificate of Coverage, If any.

*Amit Pandey*

Signature of Employee with Date

Signature of Employer with Date and Stamp